CLINICAL INCIDENT MANAGERIAL REVIEW FOR SUSPECTED SUICIDE OR SUICIDE ATTEMPT

*NOTE THAT IN THE EVENT OF LEGAL ACTION, THIS REPORT MAY BE DISCOVERABLE IF MORE THAN 2 COPIES EXIST, i.e., THE ONE SUBMITTED TO DMH AND THE ONE KEPT BY THE MANAGER IN A MANAGERIAL FILE. THEREFORE, PLEASE PRINT OR COMPLETE THIS ADMINISTRATIVE REPORT ON A COMPUTER BUT DO NOT SAVE IT ON A COMPUTER, COPY IT OR E-MAIL IT AND DO NOT INCLUDE IT OR REFERENCE IT OR RELATED DISCUSSIONS WITH CLINICAL RISK MANAGEMENT IN THE CLIENT'S RECORD.

Send pages 2 & 3 within 30 days of the clinical incident for categories 3 and 4 on pg. 1. To: DMH Clinical Risk Management, Attention: Mary Ann O'Donnell/Doris Benosa, Los Angeles County Department of Mental Health, 550 S. Vermont Ave., 12th Floor, Los Angeles, CA 90020. **Or** by confidential FAX to 213-738-4646, Attention: Augusto Moreno, LAC-DMH Clinical Risk Management, Phone: 213-351-5095.

Client Last Name	Client First Name	Is #	Manager's Name-Print	Manager's Signature	Event Date	Manager Rpt. Date

23. If item 16. on pg. 1 is "N," does the clinical record contain: [Yes (Y) No (N)]

A. The risks/benefits for the use of the medication(s)? Y ☐ N ☐ and, if applicable,

B. Documentation of a consultation with the furnishing supervisor if the medications were furnished by an N.P.

Note: if either A. or B. are "N", please complete C. and D. below.

C. The manager, supervising M.D./furnishing supervisor has informed the M.D. / D.O. / N.P. of the required documentation as stated in the Guidelines for the Use of DMH Parameters, item #.5. Y ☐ N ☐

D. The M.D. / D.O. / N.P. has acknowledged the requirement and agrees to comply in the future. Y ☐ N ☐ If N., explain on an attached sheet.

24. Describe the method used. If the incident is a suicide, include information from the coroner or other sources as available.

25. Was the client discharged from an inpatient facility within the last 30 days? Y ☐ N ☐

A. If Y, enter facility name, discharge date and reason for admission.

B. If yes, enter date and type of first appointment post discharge.

26. If substances were a factor in the event, was the client receiving co-occurring substance abuse treatment? Y ☐ N ☐

A. If N, why not?

27. Was suicide risk assessed during the treatment episode? Y ☐ N ☐

A. If Y, was a standardized risk assessment tool ever used? Y ☐ N ☐

B. If A. is Y, specify name of standardized risk assessment tool and attach a copy:

C. If A. is N, check which non-standardized method below was used:

☐ Non-standard tool (attach copy) ☐ Other (Specify type of assessment and what questions were asked.)

D. If the response to item 27. is Y, specify the date of the most recent suicide risk assessment:

E. If the response to item 27. N, specify the reason:

28. Was client determined to be at significant risk? Y ☐ N ☐

A. If Y, describe the interventions and follow-up actions, including a plan for safety and dates.

29. Was a history of previous suicide attempts taken? Y ☐ N ☐

A. If N, specify reason:

B. If Y, was the history positive? Y ☐ N ☐

C. If B is Y, specify date(s), nature of attempt(s) and outcome, including hospitalizations:

30. Was a history of the suicide(s) of family members taken? Y ☐ N ☐

A. If N, specify reason:

B. If Y, was the history positive? Y ☐ N ☐

C. If B is Y, specify date(s), relationship(s) and nature of suicide(s)

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31. Describe the client's treatment course:

A. Type(s) of services provided:

B. Frequency of services:

C. Duration of service:

D. What was the date and type of the last service provided prior to the incident?

32. What were the documented goals of treatment?

33. What was the client's response to treatment for each goal?

34. Was the client sufficiently engaged in treatment for addressing and managing the significant suicide risk? Y ☐ N ☐

A. Did the client keep appointments? Y ☐ N ☐ If N, explain, include interventions if any.

B. Did the client refuse any treatment recommendations? Y ☐ N ☐ If Y, specify:

C. Were there other signs of lack of engagement? Y ☐ N ☐ If Y, specify:

35. Were any acute stressors identified immediately prior to the suicide? Y ☐ N ☐

A. If Y, specify.

37. What is your assessment of contributing factors and/or stressors?

38. What is the remedy or corrective action plan to reduce the likelihood for the recurrence of a similar event?